



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E404127**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-005541		
LOCAL AGENCY CODING			
TOTAL # OF UNITS	01	OBJECT STRUCK	TREE OR STUMP

TRIBAL RESERVATION			
DATE OF COLLISION	M M D D Y Y Y Y	TIME (2400)	COUNTY #
02 - 27 - 2015	1352	31	0664
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>		MILES	

STATE ROUTE 9	BLOCK NO.	MILE POST
DISTANCE	OF (REFERENCE OR CROSS STREET)	
4TH STREET SE		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	---	--------------------------------------	--	-------

LAST NAME	JAMES	FIRST NAME	DAVID	MIDDLE INITIAL	T
-----------	--------------	------------	--------------	----------------	----------

STREET NEW ADDRESS	1312 90TH AVE NE
--------------------	-------------------------

CITY	LAKE STEVENS	ST	WA	ZIP	982582479
------	---------------------	----	-----------	-----	------------------

CDL	RESTRICTIONS B	ENDORSEMENTS
-----	-----------------------	--------------

DRIVER'S LICENSE #	JAMESDT037DQ	STATE	WA	SEX	M	D.O.B. MMDDYYYY	03 - 18 - 1997
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 1	RESTR. 9	EJECT 1	HELMET USE	INJURY CLASS 1	NATURE OF INJURIES
----------------------------------	--------	-----------------	-----------------	----------------	------------	-----------------------	--------------------

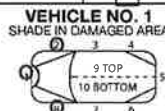
LICENSE PLATE #	B01424T	STATE	WA	VIN#	1N6HD11Y0KC338241
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	1989	MAKE	NISS	MODEL	PU	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	-----------	-------	---	----------	---

REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA0773935
------------------------	---	-------------------------	------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input type="checkbox"/>	PHONE
---------	--	--------------------------------------	-------------------------------------	---	---	-------

LAST NAME	FIRST NAME	MIDDLE INITIAL
-----------	------------	----------------

STREET NEW ADDRESS

CITY	ST	ZIP
------	----	-----

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	STATE	SEX	D.O.B. MMDDYYYY
--------------------	-------	-----	-----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
----------------------------------	--------	--------	--------	-------	------------	--------------	--------------------

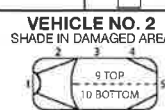
LICENSE PLATE #	STATE	VIN#
-----------------	-------	------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
-----------	------	-------	-------	--	----------	--

REGISTERED OWNER INFO.	LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #
------------------------	--	-------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------



OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
------------------------	---------------	--------

R. RUTHERFORD	130	WA0311900
----------------------	------------	------------------

PART A	3000-345-159 R (7/06)	PAGE 01 OF 3
--------	-----------------------	--------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E404127**

CASE # **15-005541**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

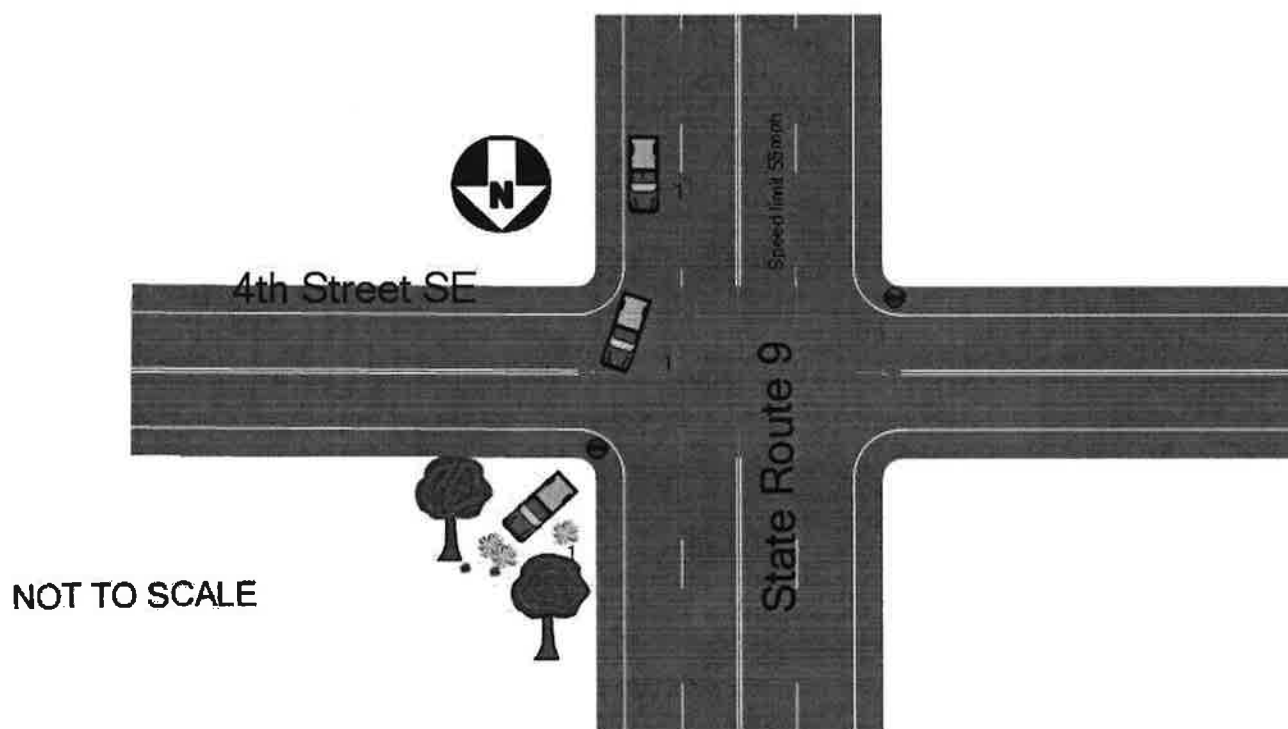
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Driver of vehicle 1 travelling N/B on SR9 turning east onto 4th Street SE. Driver stated that he attempted to take the turn too fast and slid off the roadway into the brush on the N/E corner of the intersection. Driver 1 not injured. Vehicle driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD		02-27-15 02:37 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLA CE SIGNED
APPROVED BY		DATE	
SGT. C. VALVICK 71		2/28/2015 6:17:49 PM	
BADGE OR ID #	130	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
1:56 PM		2:01 PM	









LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>Rutherford #130</i>				Case Number <i>1500541</i>			
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>				Type of Case: <i>COLUSION</i>				Date/Time: <i>02/27/15</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING								*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfgk will be held for 60 days or 60 days past owner notification			

Case #

Item # Action # <i>3</i>	Item <i>CD</i>			Brand Name <i>Compressor</i>			Storage Location	Disposition			
	Brand/Model/Caliber <i>Pr CD</i>										
	Serial #		Where Found		Weight of Narcotic						
Owner's Name				Address		City		State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											
Item # Action #	Item			Brand Name			Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)										
	Serial #		Where Found		Weight of Narcotic						
Owner's Name				Address		City		State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											
Item # Action #	Item			Brand Name			Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)										
	Serial #		Where Found		Weight of Narcotic						
Owner's Name				Address		City		State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											
Item # Action #	Item			Brand Name			Storage Location	Disposition			
	Brand/Model/Caliber (Further Description)										
	Serial #		Where Found		Weight of Narcotic						
Owner's Name				Address		City		State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Closed	02/27/15	14:23:24
--------	----------	----------

Loc: 4 ST SE/SR 9 SE , LKS (V)

Phone: 4252206839

/1356	(SP0152)	ENTRY		, 1 VEH INTO TREES, UNK INJ, NON BLKING, WHI NISS AN PU
/1356	(SP0257)	DISPER	19D2	#SS127 ADAMS, OFFICER (NATHAN)
/1356		CROSS		#AG15000548
/1356		ASSTER	19D3	#SS130 RUTHERFORD, OFCR (RICH)
/1357	(SP0152)	CROSS		#AG15000548
/1401	(SP0257)	ONSCNE	19D3	
/1402		MISC	19D3	, OTHERS CAN SLOW DOWN
/1403		REMINQ	19D3	VEH, 19D3, B01424T,,,,,,,,,,,,,
/1403		SUPP		TXT: PD OS ADV NON INJ
/1404		REMINQ	19D3	WANT, 19D3, , , , , JAMES, DAVID, T, 1997, 03, 18, , , , , 1
/1410	(SS127)	CLEAR	19D2	
/1419	(SP0257)	ASNCAS	19D3	\$SS15000541
/1423		CLEAR	19D3	D/H
/1423		CLOSE	19D3	